

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marc O. Schurr

Application No.: 10/722,109

Filed: 11/25/2003

For: Medical Implant

Group No.: 3774

Examiner: Matthews, W.H.

**RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3774**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CONTINUED EXAMINATION FEE PAYMENT --TRANSMITTAL**

1. Transmitted herewith is a payment for the Request for Continued Examination filed today, April 16, 2008.

**STATUS**

2. Applicant is other than a small entity .

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(3) for three months:

Fee: \$1,050.00

If an additional extension of time is required, please consider this a petition therefor. An extension for two month(s) has already been secured. The fee paid therefor of \$460.00 is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$590.00

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)		(Col. 3)	OTHER THAN SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDIT. FEE	
TOTAL	6	MINUS	36	= 0	x	\$ 50.00	=	\$	0.00
INDEP	1	MINUS	3	= 0	x	\$ 210.00	=	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	\$	0.00	= \$ 0.00
								TOTAL	\$ 0.00
								ADDIT. FEE	

No additional fee for claims is required.

### FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$590.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Applicants take this opportunity to point out that when filing the Request for Continued Examination, authorization to charge \$810.00 was made at the time of filing. The submission herewith is for the one-month extension of time that should have accompanied our Request for Continued Examination filing.

### FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: April 16, 2008

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